



PALM BEACH COUNTY PARKS and RECREATION DEPARTMENT

2700 6<sup>TH</sup> Avenue South, Lake Worth FL 33461

Ph: 561-966-7033

Fax: 561-966-7040

FACILITY REQUEST FORM

ORGANIZATION INFORMATION (Please type or print ALL information clearly)

YOUTH OR  ADULT

(ORGANIZATION NAME) (PHONE NUMBER TO BE ADVERTISED) (WEBSITE ADDRESS/EMAIL ADDRESS TO BE ADVERTISED)

STREET ADDRESS (CITY) (STATE) (ZIP CODE)

(SPORT) (SEASON) (Season—Start Date) (# OF PARTICIPANTS) (\$) (REGISTRATION FEE) (Registration—Start Date) (Season—End Date) (# OF TEAMS) (Registration—End Date)

REQUESTOR CONTACT INFORMATION (Must be submitted by organization's president or recognized County contact)

(FIRST NAME) (LAST NAME) (HOME PHONE NUMBER) (WORK PHONE NUMBER)

(CELL PHONE NUMBER) (FAX PHONE NUMBER) (EMAIL ADDRESS)

REQUIRED INFORMATION TO BE SUBMITTED WITH FACILITY REQUEST FORM.

Note: Items 1 thru 4 must be submitted for Adult Programs. Items 1 thru 9 must be submitted for Youth Programs. Requests granted based on meeting of permit requirements, historical usage, and field availability. Failure to meet requirements will result in denial of new permits.

- 1) Copy of Current Insurance
2) Copy of Organization's By-Laws, Rules of Play, and Code of Conduct
3) Copy of Game Schedule (showing home and away), and a Copy of the Practice Schedule
4) List of Special Dates (Requested Dates, Try-Outs, Opening Ceremonies, Closing Ceremonies, Camps, etc.)
5) Copy of Disciplinary Guidelines - Youth Only
6) Copy of Written Volunteer Job Duties and Descriptions - Youth Only
7) Current List of Teams and Coaches Names (Names of ALL coaches with a valid background checks, who have completed coaches training, and have signed a code of conduct with the organization) - Youth Only
8) Current List of Volunteers (Include Board Members and the names of volunteers with valid background checks and have signed a code of conduct with the organization) - Youth Only
9) Board Meeting Dates - Youth Only

I, the president of the requesting organization, do affirm that our organization has met the above requirements and have submitted all of the required documentation for review and approval by the Palm Beach County Parks and Recreation Department.

(PRESIDENT NAME—Please Print)

(PRESIDENT NAME—Signature)

(DATE)

FACILITY REQUEST INFORMATION (Please complete ONE form for each sport for one season.)

(PARK)

(Field ID: BB1, SB3, MP9)

(BASES) (PITCH RUBBER) (OTHER)

Mon. Tues. Wed. Thur. Fri.

FROM: : AM / PM TO: : AM / PM

Sat. Sun.

FROM: : AM / PM TO: : AM / PM

Starts : / / Ends: / /

Starts : / / Ends: / /

OFFICIAL USE ONLY : Permit #: W/O #: Permit #: W/O #:

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DATE REQUEST RECEIVED: / /



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FACILITY REQUEST INFORMATION (Continued from page one)

Org. Name \_\_\_\_\_ Season \_\_\_\_\_

(PARK) \_\_\_\_\_ (Field ID: BB1, SB3, MP9) \_\_\_\_\_ ft. / \_\_\_\_\_ ft. / \_\_\_\_\_ (BASES) (PITCH RUBBER) (OTHER)

Mon.  Tues.  Wed. FROM: \_\_\_\_\_ : \_\_\_\_\_ AM / PM TO: \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
 Thur.  Fri.

Sat. FROM: \_\_\_\_\_ : \_\_\_\_\_ AM / PM TO: \_\_\_\_\_ : \_\_\_\_\_ AM / PM  
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Starts : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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OFFICIAL USE ONLY

DATE REQUEST RECEIVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_